

ATAP FUNDING REQUEST/UPDATE FORM

NAME: _____ SSN*: _____
 WORK PHONE: _____ DSN: _____
 FAX: _____ AKO EMAIL: _____
 FAX DSN: _____ DEGREE PROGRAM: _____

Purpose: For current ATAP participants to request additional funds.

Scope: To be used by all current ATAP participants for curriculum funding changes. Funding requests must be for courses under the degree program for which participant was accepted into ATAP. This submission is a request and approval must be granted in order for extra funding to be allotted.

Responsibility: All changes are to be coordinated through the ATAP Coordinator. Please fax this form to **703-805-1256, ATTN: ATAP Coordinator or email to usaasc.atap.coordinator@conus.army.mil**. The ATAP Coordinator will respond to your request via electronic mail, and will notify you of the status of your request.

Justification for additional funding and/or changes ONLY:

FY	NUMBER OF COURSES PLANNED	COST PER COURSE	TOTAL FY COST

Supervisory Comments (Required):

Supervisor Signature: _____ **Date:** _____

Supervisor Name and AKO Email Address:

ATAP Participant Name

ATAP Participant Signature

ATAP Coordinator Signature

* **Privacy Act Statement:** In Accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a), you are hereby notified that: Collection of your Social Security Number and using it as an employee identification number is authorized by Executive Order 9397. The furnishing of this information is voluntary; it will be used to update your ACPERS record and may be provided to the Functional Chief Representatives for career management purposes.